

# American Academy of Otolaryngology — Head and Neck Surgery, Inc.

DEDICATED TO CARE OF THE EARS, NOSE, THROAT, AND RELATED STRUCTURES OF THE HEAD AND NECK

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June 18, 2002

The Honorable William Thomas  
Chairman

House Ways and Means Committee  
1136 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Thomas:

As the Ways and Means Committee continues to consider a comprehensive Medicare package, I would like to bring to your attention a provision that may be offered as an amendment, which provides for direct billing for speech language pathologists (SLPs) and removes SLPs from the annual \$1500 cap on therapy services. On behalf of the American Academy of Otolaryngology – Head and Neck Surgery, which represents approximately 12,000 physicians who diagnose and treat disorders of the ears, nose, throat and related structures of the head and neck, we oppose any such language and urge you not to include the provision in any form. Senator John Ensign introduced the provision on behalf of the speech-language community as S. 1395.

Speech-language pathology services, more commonly referred to as speech therapy services, are currently provided to Medicare beneficiaries in hospitals, nursing homes and rehabilitation centers by or under the order and supervision of a qualified physician. However, the proposed provision would allow SLPs to become Medicare-certified practitioners and obtain Medicare provider numbers, leading the SLPs down the slippery slope towards direct access and bypassing the physician altogether. Because swallowing, laryngeal and voice disorders affect a large number of elderly patients and require medical diagnosis, management and treatment (including therapy), these services should *always* remain under the care of a physician.

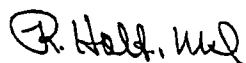
Secondly, the legislation as proposed is summarized as a technical correction to the definition of outpatient speech-language pathology services. However, allowing SLPs to bill Medicare directly and removing them from the annual therapy caps would have a serious impact on an already constrained budget and thus the ramification of the provision would be much greater than that of a simple technical correction. Additionally, the budgetary cost will put further strain on the limited amount of resources that could potentially be used to provide a prescription drug benefit and provide relief for the 5.4 percent reduction in physician Medicare payments.



Finally, Congress has been clear in its intentions for limiting the practice settings for SLPs. The original Medicare statute drafted in 1972 explicitly limited speech-language pathology practice to facility-based settings affirmatively saying no to SLPs providing services in independent practices. Additionally, when Congress re-evaluated the therapy section [Section 1861 (p)] of the Social Security Act in 1986, they did not change the practice provisions for SLPs. This history reflects Congress' intent to limit direct billing and/or direct access by non-physician providers, such as SLPs, because it can lead to a decrease in quality of care for the patient and an increase in incidences of fraud and abuse. Therefore, we urge you and your colleagues to oppose any action that would expand direct billing for SLPs.

Thank you for your attention to this very important issue and we look forward to working with you and the Ways and Means Committee to ensure a comprehensive Medicare package. If you have any questions or need additional information, please feel free to contact Kristen Hedstrom, Associate Director of Congressional Affairs, in the Academy's Washington office at (703) 684-4299 or via email at [khedstrom@entnet.org](mailto:khedstrom@entnet.org).

Sincerely,



G. Richard Holt, MD, MPH  
Executive Vice President